

Existing Land Site Renewal Checklist

Business Name: _____ Septage License #: _____

Land Site Address: _____ *Existing Site I.D #: _____

City: _____ Twp: _____ County: _____ Sec. _____

Item	Attached/Submitted	Comments – Required for “No” and “NA”
Completed Application Form EQP 5958	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Latitude and Longitude	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Name & Address of Land Owner	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Name & Address of Land Manager	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Maps		
Atlas/Plat Book	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Aerial	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Topographic	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Vicinity	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Soil	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Land Site Plan	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Isolation Distances Must be Shown For:		
Homes/Commercial Buildings	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Water Wells (public, private, other)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Surface Waters	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Roads	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Property Lines	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Other Site Features	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Proof of notice/contact for the following items: (See 3.4.1 of Land Application Guidance Manual)		
Local Health Department	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Clerk of City, Village or Township	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Adjacent Land Owners	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Land Owners within 150 ft/800 ft	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Completed Winter Plan Form	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Note the above requires written DEQ authorization.		
Other Item(s) not listed above - attach item if yes is checked. No comment required if No or NA is checked.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	

Submitted by: _____ **Date:** _____

*This and other information including the *Guidance Manual for the Land Application of Septage Waste* can be found on the program website at www.michigan.gov/deqseptage.